



# NEW LICENSE APPLICATION

FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
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-     -      
 HOME PHONE NUMBER

-     -      
 HOME FAX NUMBER

E-MAIL ADDRESS

-    -     
 BUSINESS PHONE NUMBER         -    -     
 BUSINESS FAX NUMBER       \_\_\_\_\_  
 E-MAIL ADDRESS

☐ HOME ☐ BUSINESS

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION**

**NEW LICENSE APPLICATION**

**SECTION 6A. NURSING SCHOOLS ATTENDED**

List all nursing schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

<b>MANDATORY FIELD</b> <b>School Name, City, State, Country</b>	<b>Number of Hours Completed</b>	<b>Date of Graduation</b>	<b>Type of Degree/Certificate</b>

**SECTION 6B. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from original and current jurisdictions (if different).

<b>MANDATORY FIELD</b> <b>Jurisdiction</b>	<b>Date License Was First Obtained</b>	<b>License Number</b>

**SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.**

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to any of questions B through L below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

	YES	NO	<b>HPLA ONLY</b>
A. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Have you ever been convicted or arrested for a crime (other than minor traffic violations) not previously reported to the Board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are you now or have you ever been licensed in DC or any other state/jurisdiction? <i>(If "Yes," be sure to complete section 6B of this form.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been party to a malpractice action or had a malpractice action brought against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Have you ever been terminated from or resigned from a clinical or professional training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Do you have a physical or medical condition that currently impairs your ability to practice nursing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Have you withdrawn an application (in DC or any other state/jurisdiction) to practice your profession, or has any authority taken adverse action against your license or privileges, or are you currently under investigation by any authority for any violation of state, federal, or local law, or has any authority informed you of any pending charges not previously reported to this Board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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L. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?

YES NO  
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**SECTION 8. LICENSEE AFFIDAVIT**

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

**LICENSEE SIGNATURE**

**NAME (Please Print)**

**DATE**

**HPLA  
ONLY**

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Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the affiant, who personally  
(Month) (Year)  
appeared before me.

**NOTARY PUBLIC SIGNATURE**

**MY COMMISSION EXPIRES**

**(NOTARY SEAL)**

**HPLA  
ONLY**

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**To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.**